

April 23, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0515-01
IRO Certificate No.: I RO 5055

Dear:

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IRO's, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

This independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

THE REVIEWER OF THIS CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings

within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 102.4(h)). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23rd day of April, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ____ for _____. I have reviewed the medical information forwarded to me concerning TWCC Case #M2-02-0515, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Letter of denial with reasons for denial of diskogram dated 3/05/02.
2. Independent Medical Evaluation done by _____, 9/10/01.
3. Peer Review by _____, 4/15/96.
4. MRI reports from _____.
5. Office records of _____.

B. SUMMARY OF EVENTS:

This is the case of a 51-year-old lady who originally had a back injury in _____ while she was working for a school district. This injury resulted in low back and leg pain which did not respond to conservative treatment. She was working for _____, and when conservative treatment did not relieve her symptoms, she underwent back surgery which included a laminectomy and disk removal at L3-L4 in 1991.

The patient then apparently did well enough to return to work, but she changed school districts and then went to work for _____. She re-injured her back while she was lifting some heavy boxes on July 7, 1993. She had severe pain in the low back with radiation down the left leg, and this pain has continued since that time.

She has been treated by _____ who is a spine surgeon. _____ office records indicate that this patient has had intractable low back and bilateral gluteal pain, worse on the left side, with pain radiating down the left hip into the left leg. His records indicate that in spite of a very sedentary lifestyle, her pain has been getting progressively more severe. His records indicate that she has not been able to return to work since he has been following her, and she has gone through several series of epidural steroid injections and other conservative treatment measures which have not given her any significant degree of relief. _____ has encouraged her to lose weight, do home exercise, and has been conservative in prescribing medication. However, she has not improved. He has done MRI studies which have

demonstrated the possibility of a small L5-S1 disk herniation on the left side, and also a possible disk herniation at L4-L5, with the possibility of narrowing of the lateral recess at L4-L5.

The patient has been trying to avoid surgery, and she has told ___ that she wishes to avoid surgery if at all possible, but on her last visit to see ___, she told him that she would like to be considered for surgical treatment because of the progressive severity of the pain.

Because of the intractable progressive nature of this pain, ___ has suggested a provocative diskogram at three levels to try to determine which levels are symptomatic. This diskogram is apparently being done as a preliminary to doing a surgical procedure on this lady's back. In regard to this study that has been proposed, it has been denied by the medical consultant who is ___.

In my opinion, if the situation is such that the patient has agreed to have a surgical procedure performed if the diskogram demonstrates findings that could possibly be corrected, then I feel that the diskogram should be done. However, before this procedure is done, the patient would need to definitely state whether or not she were willing to undergo the surgical procedure depending on the findings at the time of the diskogram.

C. OPINION:

I DISAGREE WITH THE DENIAL OF THE PROVOCATIVE DISKOGRAM, IF THE PATIENT HAS DECIDED THAT SHE CANNOT LIVE WITH THIS PAIN AND IF THE PATIENT HAS DECIDED THAT SHE DESIRES TO UNDERGO SURGICAL TREATMENT ON HER BACK. If the patient has decided that she would go through surgery again, then I believe that the provocative diskogram at three levels, as suggested by ___, is indicated.

This lady has a very sedentary lifestyle, and she is not pursuing any type of physical activity that would cause her to experience progressive low back and sciatic pain, and if she has reached the point that she feels she cannot live with this chronic pain syndrome, then I believe she might be a candidate for surgery. However, I do know that three-level procedures are fraught with hazards and they cannot be guaranteed in regard to their results. However, I do feel that this lady should be given the benefit of at least having an intelligent decision made about whether or not her chronic pain syndrome might be helped by surgery on her back.

D. ADDITIONAL COMMENTS:

Thank you for allowing me to review these medical records.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 18 April 2002